## Human Research Protocol Only Minimal Risk Consent Form Without HIPAA

## Graduate Student Consent Information Form

Principal Investigator: Dr. Maura McLaughlin, Department: Physics, Protocol Number: 1504666275 Co-Investigator(s): John Stewart, Kathryn Williamson, and Sue Ann Heatherly

Study Title: Collaborative Research: Developing STEM self-efficacy and science identities through authentic astrophysics research in online and face-to-face environments (STEM-ID)

**Introduction:** You have been asked to participate in a research study which has been explained to you by the PI or Co-Investigators listed above.

**Contact Persons:** In the event you have any questions about this research, you should contact Dr. John Stewart at jcstewart1@mail.wvu.edu. For information regarding your rights as a research subject, to discuss problems, concerns, or suggestions related to the research, to obtain information or offer input about the research, contact the Office of Research Integrity & Compliance at (304) 293-7073.

**Purpose:** This study seeks to understand career decision making for students enrolled in the Pulsar Search Collaboratory (PSC). It will also seek to determine the effect on the graduate students involved and how well the training provided supports the student experience. This information will help improve the PSC experience. Results of general interest will be shared with the academic community.

Description of Procedures: By printing your name and signing the form on the next page, you consent to allow information collected on a graduate student survey administered near the beginning and end of the PSC to be used for research purposes. You are not required to answer all the questions on the survey.

**Discomforts:** There are no known risks associated with participating in this study. **Alternatives:** You do not have to participate in this study. **Benefits:** The knowledge gained from this study may eventually benefit others. **Financial Considerations:** There are no fees associated with or compensation for this research.

**Confidentiality:** Any information about you that is obtained as a result of your participation in this research will be kept confidential. Once the complete dataset is collected, you will be assigned an id number, and all personal identifying information will be removed from the dataset. Only Dr. Stewart will be able to access to the id and your personal identifying information.

**Voluntary Participation:** Participation in this study is voluntary. You are free to withdraw your consent to participate in this study at any time. Refusal to participate will involve no penalty to you. Refusal to participate or withdrawal from participation will not affect your grades.

Chestnut Ridge Research Building 886 Chestnut Ridge Road PO Box 6845 Morgantown, WV 26506-6845 Page **| 1** 

Subject's Initials\_\_\_\_\_\_
Date



## **Human Research Protocol** Only Minimal Risk Consent Form Without HIPAA

You have been given the opportunity to ask questions about the research, and you have received
answers concerning areas you did not understand.

Upon signing this form, you agree to participate in this study: Collaborative Research: Developing STEM self-efficacy and science identities through authentic astrophysics research in online and face-to-face environments (STEM-ID).

I willingly consent to participate in this research.	
Signature	
Signature of Subject	
Printed Name	
Date	
The participant has had the opportunity to have questions addressed. The participagrees to be in the study.	ant willingly
Signature of Investigator or Co-Investigator	
Printed Name Date Time	